

# An Update on HIV/AIDS in Massachusetts

in commemoration of

**WORLD AIDS DAY**

December 1, 2002

Massachusetts Department of Public Health

2002 World AIDS Day  
Stigma and HIV/AIDS: A Public Dialogue

*“ With the passage of time, and as the epidemic matures, it evolves and moves along a clear and consistent pathway, which although different in its details within each society, nevertheless has a single, vital common feature. In each society, those people who, before HIV/AIDS arrived, were marginalized, stigmatized and discriminated against, became over time those at highest risk of HIV infection. ”*

**The late Dr. Jonathan M. Mann,**  
Founding Director, Global Programme on AIDS  
World Health Organization

**HIV/AIDS Stigma:  
An Impediment to Public Health**

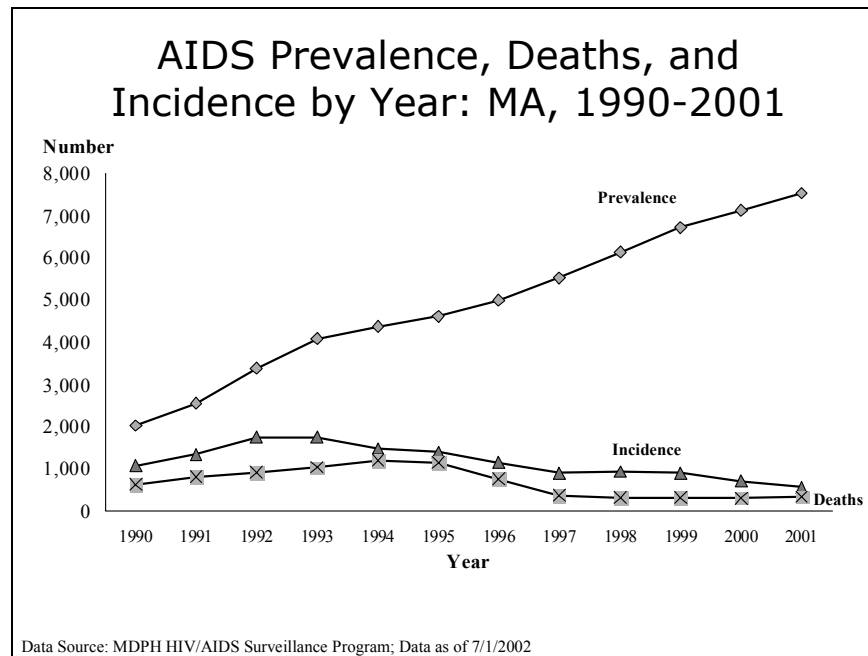
- 1 in 6 Americans still support punitive policies against people living with HIV/AIDS (PLWHA)
- 1 in 5 people have negative feelings toward PLWHA, such as fear, anger and disgust
- 1 in 4 people believe that people who got AIDS thought sex or drug use have gotten what they deserve
- 3 in 10 people feel discomfort around PLWHA and avoid contact with them

*\* American Journal of Public Health, March 2002 Herek et. al.*

## Overview

Global commemoration of World AIDS Day 2002 focuses on the enduring stigma associated with this disease. This brief epidemiologic review of the epidemic in Massachusetts provides a vantage point from which to consider the ongoing impact of HIV-related stigma in the Commonwealth.

Currently, over 7,600 Massachusetts women and men are reported to be living with AIDS and an additional 6,000 have been reported with HIV. They constitute the largest number of people known to be living with HIV/AIDS in the state at any point since the beginning of the epidemic. These figures do not include the estimated 1/3 of persons with HIV who do not yet know their status. In total, then, approximately 20,000—22,000 people in Massachusetts are currently living with HIV/AIDS.

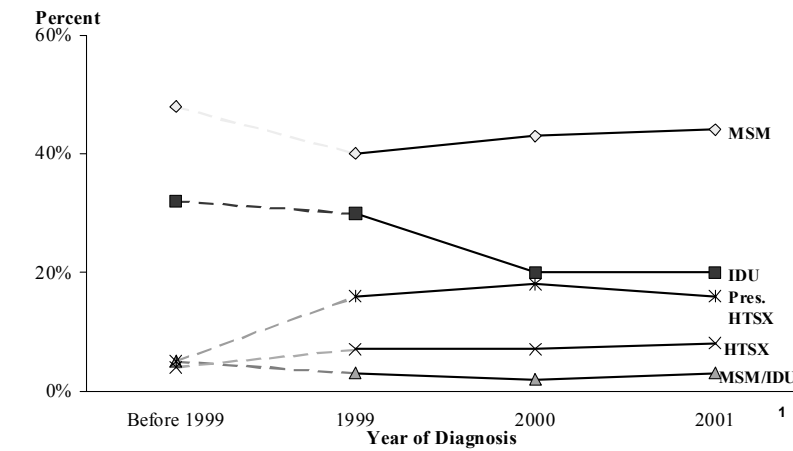


Over the past decade, the annual number of persons receiving an AIDS diagnosis has steadily declined, while the prevalence of those living with AIDS has grown dramatically, largely due to improved treatments and access to care. However, the spread of HIV infection, ongoing late diagnoses, and differential community impact continued to be fueled by the intersection of behavioral risk, social circumstance and stigma.

## Trends in HIV infection

HIV infection has been a reportable condition in Massachusetts since 1999. This new information documents an increasing epidemic among women, ongoing risk among men who have sex with men (MSMs), and troubling indicators of earlier age of infection. While three years of data do not allow the determination of absolute trends, HIV reporting does provide insight into patterns of those more recently infected.

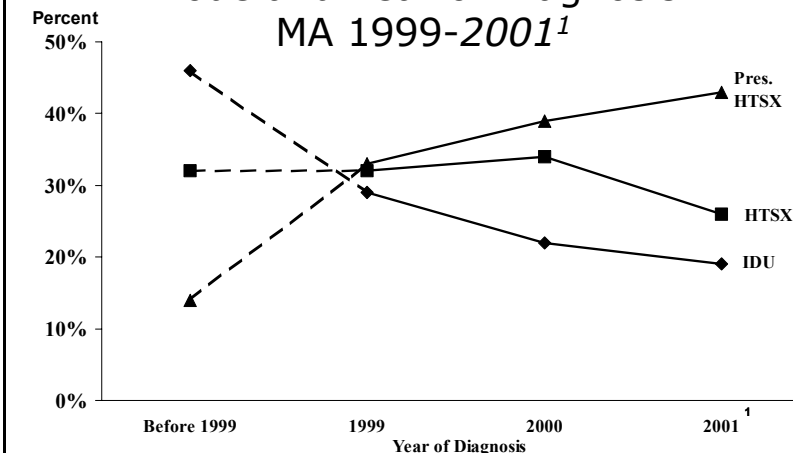
### Percentage Distribution of *Males* Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: MA 1999-2001<sup>1</sup>



Among men, sexual contact with other men (MSM) represents the route of transmission for the largest proportion of recently reported cases of HIV infection, followed in order by injection drug use (IDU), presumed and known heterosexual contact, and the combined risk of MSM and IDU behaviors. This is in contrast to recently reported AIDS cases among men, where MSM- and IDU-related cases are approximately equal in proportion.

Among women, presumed and known heterosexual contact represents the largest proportion of recently reported cases of HIV infection, followed by women's own

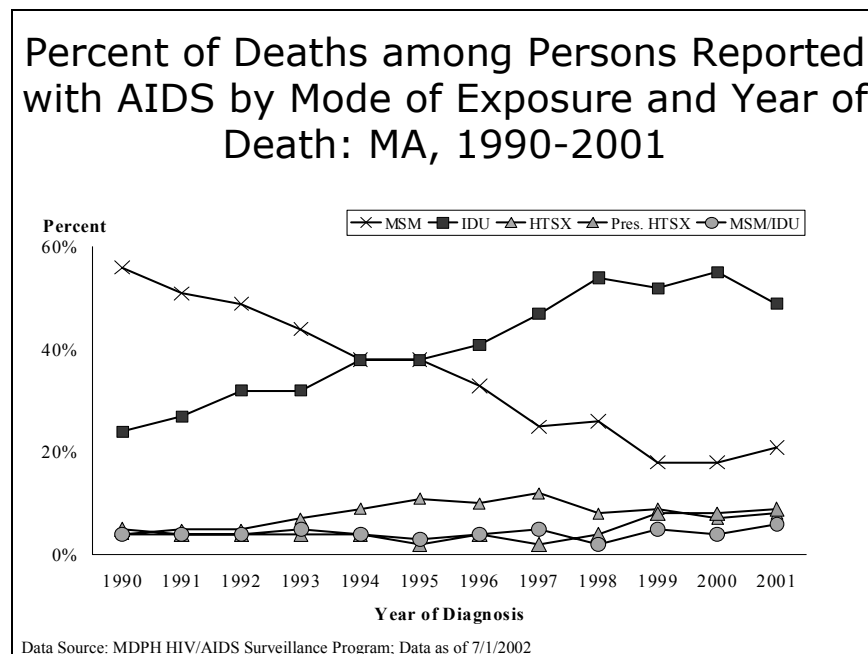
### Percentage Distribution of *Females* Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: MA 1999-2001<sup>1</sup>



injection drug use. Again, this is a different pattern than that seen in AIDS cases. For women as the largest proportion of AIDS cases is attributable to injection drug use.

The trend toward greater heterosexual transmission has been documented nationally and raises concerns about the lack of awareness of risk and the barriers to disclosure among heterosexual partners. On the other hand, late diagnoses among both male and female injection drug users has been a pattern throughout the course of the US epidemic and may be responsible for the lower prevalence of IDUs among HIV case reports.

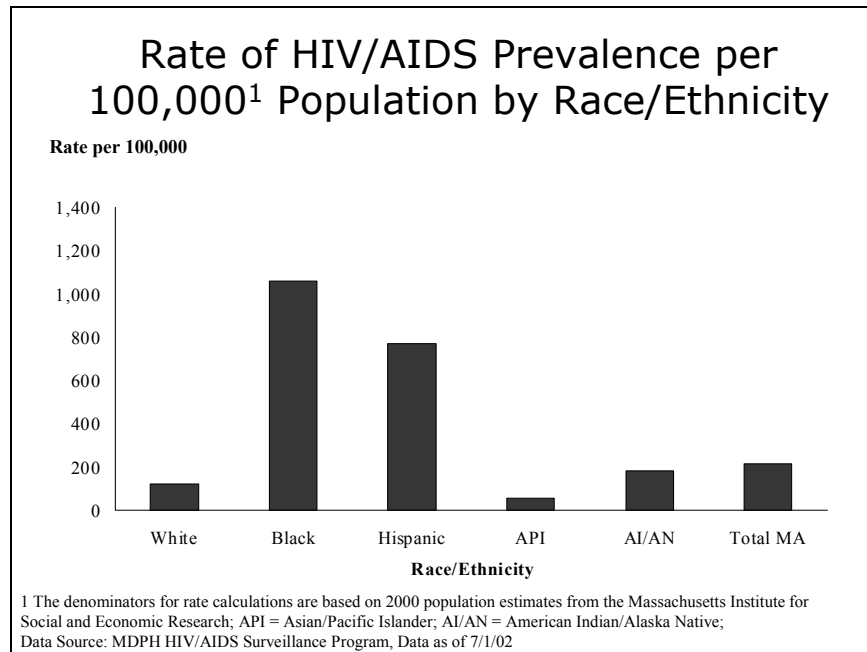
## Trends in AIDS Deaths



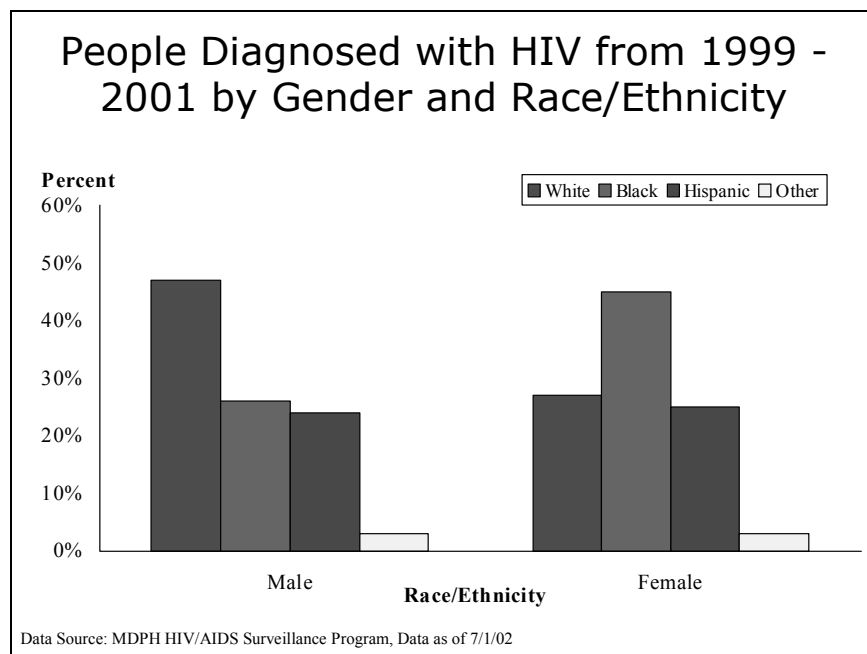
Since the beginning of monitoring the epidemic in MA, 17,500 people have been diagnosed with AIDS; 57% have died. After dramatic reductions in deaths since 1994, the last two years have witnessed small increases, potentially associated with the impact of Hepatitis C co-infection. The chart above provides evidence that the benefits of improved treatments have not been experienced equally by all risk populations. The proportion of injection drug users (IDUs) among all AIDS deaths has risen sharply since the mid-1990s. Among other things, this disparity, seen elsewhere in the country, represents differential access to early diagnosis and entry into specialized HIV health care among IDUs as compared to other persons living with HIV. Patterns of episodic care and experiences of discrimination and criminalization contribute to reduced benefits of HIV-related treatment for IDUs.

## The Influence of Race/Ethnicity

As with a number of other health problems in Massachusetts, the burden of HIV disease falls disproportionately on communities of color. While the largest number of persons living with HIV/AIDS are white, when viewed as a population rate, African Americans and other black residents are ten times more likely and Latinos eight times more likely to be living with HIV/AIDS as white residents.



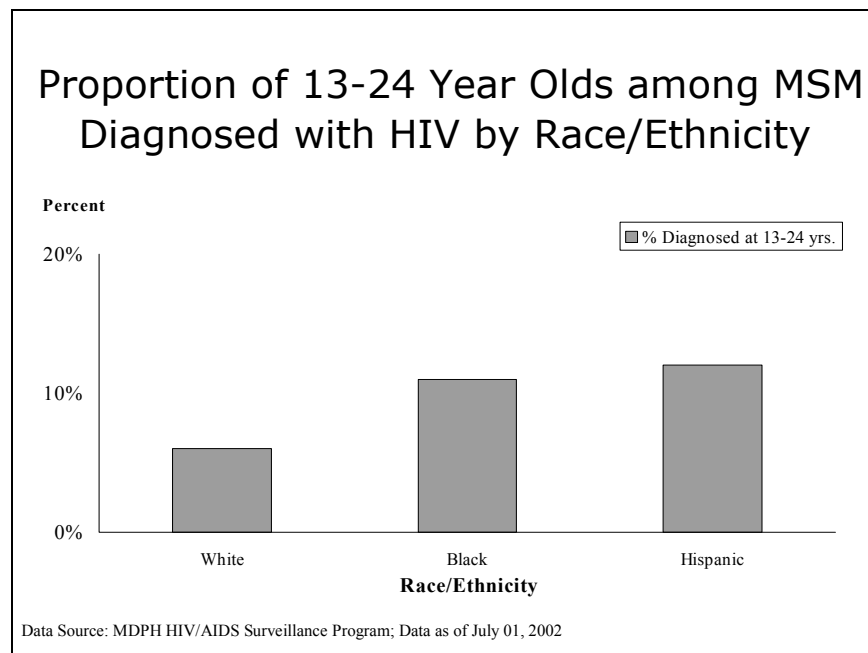
The unequal impact of HIV/AIDS on communities of color is particularly dramatic among women. Black women constitute almost half of women recently diagnosed with HIV in the state and Latinas are represented at more than twice their relative



presence in the general population. Contributing significantly to the growth in both black and Latina female cases is the increase of reported cases among MA women born outside of the US. Overall, non-US born individuals now constitute almost 20% of those reported to be living with HIV/AIDS in the state. Throughout the world, the intersection of gender, economic disparity, violence, and HIV stigma have propelled an increasingly minority and female profile of the epidemic.

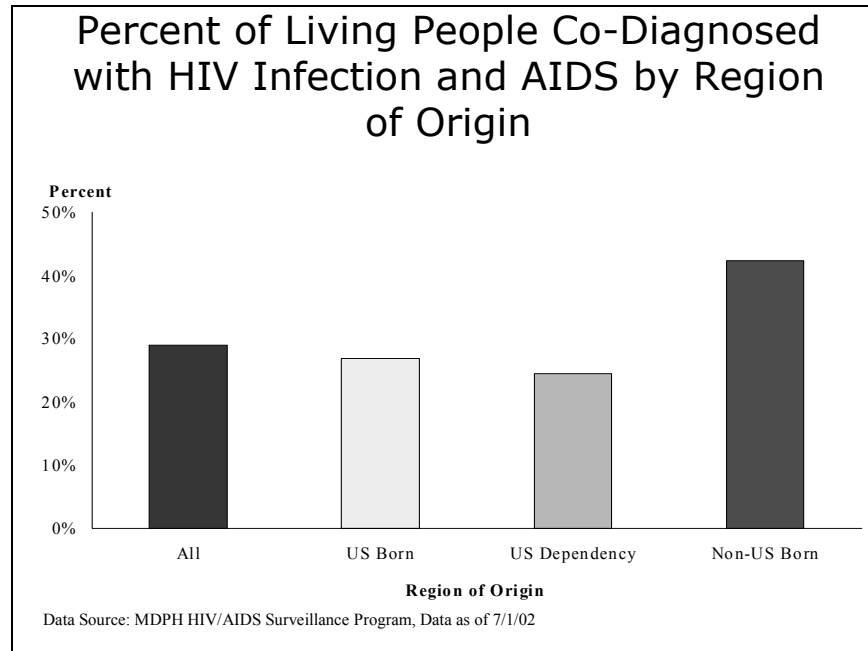
This pattern of disproportionate race/ethnicity impact can be further observed across risk populations. For example, in Massachusetts black and Latino men who have sex with men (MSM) are much more likely to become infected at earlier ages than white MSM.

These data are consistent with recently published national information. The challenges of early identification of gay and bisexual behavior across all communities and the additional cultural barriers within communities of color situate young minority MSM at greater and earlier risk of infection.



### **The Problem of Late Diagnoses**

Greater than one third of individuals living with AIDS in MA are diagnosed at the time when they are first learning of their HIV status. Late diagnosis predicts poorer response to treatment and shorter survival periods. Reviews of recent late testers in MA reveal disproportionate numbers of older and of non-US born individuals, but otherwise represent the diversity of gender, race/ethnicity, and risk seen among the rest of those living with HIV/AIDS. Expanded HIV counseling, testing, treatment and support here and nationally have not, in and of themselves, been able to ameliorate significantly the rates of late diagnoses. Individual understanding of risk has also not proven sufficient to prompt early diagnosis and care. Ongoing concerns about stigma, fears of the impact of status on relationships, and concern regarding impact on immigration status have all been documented barriers to early testing and entry into care.



## Conclusion

Massachusetts historically has benefited from one of the most comprehensive systems of HIV/AIDS prevention and care in the US. Barriers to care such as provider capacity, location of services, and health care financing have been largely eliminated in the Commonwealth. As a result, our case and death rates have dropped at rates far exceeding the national average. However, despite these successes, new infections appear to be continuing at a steady rate, and large numbers of residents continue not to receive the preventive, counseling and testing, support, and care services they need in a timely fashion.

As recognized on this World AIDS Day, the ongoing impact of stigma and discrimination experienced by people of color, injection drug users, men who have sex with men, non-US born individuals, and other populations at risk and the stigma associated with HIV/AIDS itself significantly limit public health strategies to fight the epidemic.

The Massachusetts Department of Public Health is committed to battling HIV-related stigma in collaboration with those living with the virus, their families and communities, caregivers, and policy makers. The public dialogue being launched on World AIDS Day will become an ongoing part of the state's HIV prevention and care efforts.

For more information, access the MDPH HIV/AIDS Bureau website at <http://www.state.ma.us/dph/aids>